

OCT 16 2006

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INTELLECTUAL PROPERTY LAW

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October 16, 2006

RECEIVER: EXAMINER KISS, Eric B.
Group Art Unit 2192**FAX #:** 1-571-273-8300 Central Fax**SENDER:** Jonathan O. Scott, Reg. 39,364Fax# (612) 825-6304
Telephone: (612) 252-3330**Pages Including Cover Sheet(s):** 13**RE:** Application No.: 10/671,075
Docket No.: GILLP015X1**MESSAGE:** Attached please find the following documents in the above-referenced application:

- 1) RCE (2pgs)
- 2) Amendment Transmittal (1pg)
- 3) Reply B (11pgs)

CONFIDENTIALITY NOTE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Johnston-Watt et al.

Attorney Docket No.: GILLP015X1

Application No.: 10/671,075

Examiner: KISS, Eric B.

Filed: September 25, 2003

Group: 2192

Title: VERIFIABLE PROCESSES IN A
HETEROGENEOUS DISTRIBUTED
COMPUTING ENVIRONMENT

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted to the U.S.
Patent and Trademark Office, Central Facsimile Telephone number (571) 273-8300 on
this day October 16, 2006 addressed to Examiner KISS, Eric B.

Signed: 

Ann Lowe

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

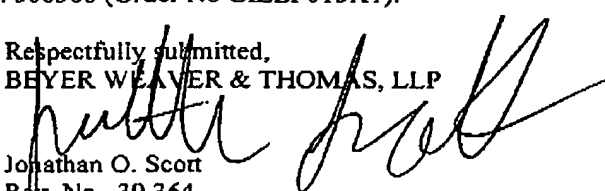
Sir:

Transmitted herewith is an Amendment in the above-identified application. The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	36	MINUS	51	0	x 25 =	x 50 =
Independent Claims	3	MINUS	3	0	x 100 =	1 x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$0	

- ☐ Applicant(s) hereby petition for a ____-month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fee, and any additional fee(s) required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No GILLP015X1).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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